JAN 2 4 2011

### FILED

Form (RF-3)

JUN 0 1 2011

**SUMMARY SHEET** 

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

	Change in Company's STATE OF ILLI DEPARTMENT OF IN	06-01-2011	
	DEPARTMENT OF IN SPRINGFIELD, ILI	SURANCE	
	(1) SPRINGFIELD, IL	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$892,911	-2.8%
	Line of Insurance		
Does	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
No	iming only upply to committee the committee of the commit		
Brief	description of filing. (If filing follows	rates of an advisory organization, specify	organization):
Ado	pting 1-1-11 NCCI-approved loss costs	and revising Loss Cost Multiplier.	
		- All All All All All All All All All Al	
			<b>o</b>

American Fire & Casualty
Company

Name of Company

Ein-B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management

Official - Title

\* Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### **SUMMARY SHEET**

(1)	(2) Annual Premium	(3) STATE OF ILL Percent SPRINGFIELD, ILL	Nois
Coverage	Volume (Illinois) *	Change (+or-) ** *********************************	LINOIS
Automobile Liability Private Passenger		•	.0
Commercial			
Automobile Physical Damag	<del></del>		
Private Passenger		•	
Commercial			
iability Other Than Auto	**************************************	*****	
Burglary and Theft	<del></del>		
Glass	<u> </u>		
Fidelity			
Surety			
Boiler and Machinery			
Fire			
Extended Coverage			
nland Marine			
Homeowners			
Commercial Multi-Peril			
Crop Hail			
Other Workers Compensation	\$18,723,157	+7.6%	
Life of Insurance			
Does filing only apply to certa	ain territory (territories) o	r certain	
Classes? If so,			
specify: No, app	lies to all classes.		
Brief description of filing. (If t	iling follows rates of an	advisory	
Organization, specify	10/	and a distinct from the National Council or	
organization):		s, deviating from the National Council on	
Compensation Insurance (NCCI) 1/1/11	<del></del>		
NCCI advisory rates. All other classes are		y raies.	
*Adjusted to reflect all prior ra		alt from application of now	
**Change in Company's pren	num lever which will rest	alt from application of new	
rates.	Auto-Owners Insu	Irance Company	
		ame of Company	
		• •	
	Jennifer L. Smith,	Manager	

JAN 2 4 2011

Form (RF-3)

# STATE OF ILLINOIS SUMMARY SHEET DEPARTMENT OF INSURANCE SPRINGFIELD

(	Change in Company's premium or rate	level produced by rate revision effective	06-01-2011
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		4.50/
15.	Other Workers Compensation Line of Insurance	\$31,196,581	+4.7%
Does f	iling only apply to certain territory (ter	rritories) or certain classes? If so, specify:	
Brief o	description of filing. (If filing follows oring 1-1-11 NCCI-approved loss costs	rates of an advisory organization, specify of and revising Loss Cost Multiplier.	organization):
** C	djusted to reflect all prior rate changes hange in Company's premium level who sult from application of new rates.	nich will	•

JUN 0 1 2011

Consolidated Insurance Company

Name of Company

STATE OF ILLINOIS

STATE OF INSURANCE STATE B. Unul
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Vice President, Commercial Lines Product Management

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

APR 0 1 2011

#### **SUMMARY SHEET**

SUMMARY SHEET

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision/ngfield, ILLINOIS

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	}	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity	And the second s	
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	7,282,159	0.4%
Life of Insurance		
Does filing only apply to cer Classes? If so,	tain territory (territories) or	certain
specify: No		
Brief description of filing. (I	f filing follows rates of an a	dvisory
Organization, specify	NOO!!	
organization):	Everest is adopting NCCI	s revised loss costs and rating value
effective April 1 , 2011		
*Adjusted to reflect all prior	rate changes	
**Change in Company's pre		It from application of new
rates.		· · · · · · · · · · · · · · · · · · ·
·	Everest National In	nsurance Company

JAN 2 4 2011

Form (RF-3)

#### SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

	Change in Company's premium or ra	te level produced by rate revision effective	06-01-2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability	•	
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		447
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$5,411,475	+5.5%
	Line of Insurance		
	filing only apply to certain territory (	territories) or certain classes? If so, specify:	
No			
Brief	description of filing. (If filing follow nting 1-1-11 NCCI-approved loss con	vs rates of an advisory organization, specify sts and revising Loss Cost Multiplier.	organization):
/100	pung i i ii itooi appiotoa ioss oo		
			*****

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

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JUN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Indiana Insurance Company

Name of Company

Ein-B. Umuel

Eric B. Ummel Vice President, Commercial Lines Product Management

JAN **2 4** 2011

## STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Form (RF-3)

#### **SUMMARY SHEET**

2. Au P: C 3. Lia 4. Bu 5. Gl: 6. Fic	Coverage comobile Liability ivate Passenger commercial comobile Physical Damage ivate Passenger commercial bility Other Than Auto rglary and Theft	Volume (Illinois)*	<u>Change (+ or -)**</u>
2. Au P: C 3. Lia 4. Bu 5. Gl: 6. Fic	ivate Passenger commercial comobile Physical Damage ivate Passenger commercial bility Other Than Auto glary and Theft		
2. Au P. C 3. Lia 4. Bu 5. Gla 6. Fic	omobile Physical Damage ivate Passenger ommercial bility Other Than Auto glary and Theft		
P. C 3. Lia 4. Bu 5. Gla 6. Fic	ivate Passenger ommercial bility Other Than Auto glary and Theft		
<ol> <li>Lia</li> <li>Bu</li> <li>Gla</li> <li>Fic</li> </ol>	bility Other Than Auto glary and Theft		
<ol> <li>4. Bu</li> <li>5. Gla</li> <li>6. Fig</li> </ol>	glary and Theft		
<ul><li>5. Gla</li><li>6. Fid</li></ul>	<del>-</del> -		
6. Fid	ee		
	.33		
7. Su:	elity		
	ety		
8. Bo	ler and Machinery		
9. Fir	2		
10. Ex	ended Coverage		
11. Inl	and Marine		
12. Ho	meowners		
13. Co	nmercial Multi-Peril		
14. Cre	p Hail		
	Workers Compensation Line of Insurance	\$636,667	+4.4%
Does filing No	only apply to certain territory (ter	rritories) or certain classes? If so, specify:	

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

FILED

JUN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Peerless Indemnity Insurance
Company

Name of Company

Ein\_B. Umuel

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

JAN **2 4** 2011

## STATE OF ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET SPRINGFIELD

Form (RF-3)

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		bile Liability Passenger		
	Comm	ercial		
2.	Private	bbile Physical Damage Passenger		
	Comm			
3.		y Other Than Auto		
4.		y and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler a	nd Machinery		
9.	Fire			
10.	Extende	ed Coverage		
11.	Inland I	Marine		
12.	Homeo	wners		
13.	Comme	rcial Multi-Peril		
14.	Crop Ha	ail		
15.	Other	Workers Compensation	\$4,017,821	+4.2%
		Line of Insurance		
ъ.	ر ۱		witeries) or contain alogacy? If so specify	
		• • •	ritories) or certain classes? If so, specify:	
No		· · · · · · · · · · · · · · · · · · ·		
		0.001: (70.001: 0.11		:
Brief	description	of filing. (If filing follows	rates of an advisory organization, specify	organization):
Ado	pting I-I-I	I NCCI-approved loss costs	and revising Loss Cost Multiplier.	

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



JUN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Peerless Insurance Company
Name of Company

Ein-B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

JAN 2 4 2011

### STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Form (RF-3)

#### **SUMMARY SHEET**

(	Change in Company's premium or rate	level produced by rate revision effective	06-01-2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$17,644,304	+10.4%
Does fi		rritories) or certain classes? If so, specify:	
NU			
Brief d	lescription of filing. (If filing follows ting 1-1-11 NCCI-approved loss costs	rates of an advisory organization, specify and revising Loss Cost Multiplier.	organization):

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

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JUN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Netherlands Insurance Company

Name of Company

Ein-B. Ummel

Eric B. Ummel Vice President, Commercial Lines Product Management



JUN 0 1 2011

JAN 2 4 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

STATE OF ILLINOIS

STATE OF INSURANCE
ARTMENT OF INSURANCE
RORINGFIELD, ILLINOIS Form (RF-3)

	Change in Company's prer	nisarungfil	Tevel produced by rate revision effective	06-01-2011
	(1)		(2) Annual Premium	(3) Percent
	Coverage		Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger			
	Commercial			
2.	Automobile Physical Da Private Passenger	amage		
	Commercial			
3.	Liability Other Than Au	ito		
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peri	l		
14.	Crop Hail			
15.	Other Workers Com		\$1,238,397	+21.7%
	Line of Insur	ance		
ъ.	Clina and annula da assesim	tamitam: (tan	ritories) or certain classes? If so, specify:	
No				
_140				****
D . C	. 1	line fallows	retes of an advisary arganization, specify	organization):
Ruet	aescription of filing. (If It	ed loss costs	rates of an advisory organization, specify and revising Loss Cost Multiplier.	organization).
Auc	pring 1-1-11 inccr-approv	Cu 1033 CUSIS	and levising Loss Cost Manaphor.	

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

> Ohio Casualty Insurance Company Name of Company

Ein-B. Umuel

Eric B. Ummel Vice President, Commercial Lines Product Management

### FILED

JAN 2 4 2011

JUN 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		***************************************
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		21.00/
15.	Other Workers Compensation	\$219,694	-24.0%
	Line of Insurance		
_ ^			
	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
No			

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Ohio Security Insurance Company
Name of Company

Ein\_B. Umuel

Eric B. Ummel Vice President, Commercial Lines Product Management

Official - Title

Form (RF-3)

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

	FORM (RF-3)	•	
Change in Company's premiueffective July 10, 2011  (1)	SUMMARY SHEET	_	MI 1 0 2011
Change in Company's premiu	ım or rate level produced	h by rate revis <b>@א. א</b> .	1020
effective July 10, 2011		SPEMEN	OF 1
	<del>.</del>	"TINGE!	E OF INOIS
(1)	(2)	(3)	LO, ILLINGRAM
_	Annual Premium	Percent	"NOIS"NC
Coverage	Volume (Illinois) *	Change (+or-) **	
Automobile Liability Private			
Passenger			
Commercial			
Automobile Physical Damag			
Private Passenger			•
Commercial			<del></del>
_iability Other Than Auto			
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machinery			
Fire			<del></del>
Extended Coverage			<del></del>
nland Marine			
Homeowners			
Commercial Multi-Peril	·		
Crop Hail			
Other Workers Compensation	\$29,682,805	+7.7%	<del></del>
Life of Insurance		***************************************	<del></del>
Does filing only apply to certa	ain territory (territories) o	r certain	
Classes? If so,			
specify: No, appl	lies to all classes.		<del></del>
Brief description of filing. (If f	iling follows rates of an a	advisory	
Organization, specify			
organization):		s, deviating from the National Co	<del></del>
Compensation Insurance (NCCI) 1/1/11 r		······································	0% from
NCCI advisory rates. All other classes are		y rates.	
*Adjusted to reflect all prior ra **Change in Company's prem	<u> </u>	ult from application of n	ew
rates.	Owners Insurance	e Company	
	**************************************	ame of Company	<del></del>
	Jennifer L. Smith, I		
		Official - Title	<del></del>

JAN 2 4 2011

## FILED

**SUMMARY SHEET** 

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

SPRINGFIELD

Form (RF-3)

JUN 0 1 2011

	Change in Company's premium or rate.	level produced is rate revision effective	06-01-2011
	T	TE OF ILLINOIS ENT OF INSURANCE NGFIELD, ILLINOIS Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage	.,,	
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$838,837	+2.1%
	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
No			
		11-14-7-11 A	
<b>D</b> · 0	. 1		aranization).
Brief	opting 1-1-11 NCCI-approved loss costs	rates of an advisory organization, specify of	organization):
Auc	ppting 1-1-11 NCC1-approved loss costs	and revising Loss Cost Multiplier.	
		and the second s	•
* /	Adjusted to reflect all prior rate changes		-

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

West American Insurance Company

Name of Company

Ein-B. Umuel

Eric B. Ummel Vice President, Commercial Lines Product Management